Resources

If you are a crime victim, you have certain rights under Massachusetts Law, and you are eligible for certain services.

For further information about victim rights and victim services, contact the victim witness program in your local district attorney's office or one of the statewide agencies listed below.

DISTRICT ATTORNEY VICTIM WITNESS PROGRAMS

Berkshire County	(413) 443-3500
Bristol County	(508) 997-0711
Cape and Islands	(508) 362-8103
Essex County	(978) 745-6610
Hampden County	(413) 747-1000
Middlesex County	(781) 897-8490
Norfolk County	(781) 830-4800
Northwestern District	(413) 586-5780
Plymouth County	(508) 894-6309
Suffolk County	(617) 619-4000
Worcester County	(508) 792-0214

STATEWIDE VICTIM ASSISTANCE PROGRAMS

Massachusetts Office for Victim Assistance (617) 727-5200 • www.mass.gov/mova Massachusetts Parole Board

(508) 650-4500 • www.mass.gov/parole

Criminal History Systems Board (617) 660-4690 • www.mass.gov/chsb

United States Attorney's Office (617) 748-3100 • www.usdoj.gov/usao/ma

Department of Youth Services (617) 960-3290 • www.mass.gov/dys

Department of Corrections (866) 684-2846 • www.mass.gov/doc

VICTIM COMPENSATION

FINANCIAL ASSISTANCE
FOR VICTIMS OF CRIME IN
THE COMMONWEALTH OF
MASSACHUSETTS



Office of Attorney General Martha Coakley Victim Compensation & Assistance Division

One Ashburton Place Boston, MA 02108 (617) 727-2200 (617) 727-4765 TTY (617) 742-6262 Fax www.mass.gov/ago

A Message from Attorney General Martha Coakley

Violent crime impacts every aspect of a person's life. The resulting physical and psychological injuries can affect a person's ability to work, go to



school, and meet their own individual goals and aspirations. Often victims may require treatment to address the injuries caused by the violent acts of another. The monetary expenses incurred – after losing a loved one, for medical and dental care, for psychological assistance, and by injuries resulting in an inability to work – should not serve to further victimize those who are affected by violent crime.

As Attorney General, I am committed to empowering crime victims and providing them with the tools and support they need to begin the healing process. Our Victim Compensation Division is one resource that works diligently to make this happen. We are able to provide financial assistance to eligible victims of violent crime for uninsured medical and dental care, mental health counseling, funeral and burial costs, and income lost due to the inability to work. Our division uses funds obtained from perpetrators, and can assist with expenses up to a maximum of \$25,000 per crime. My experienced staff will assist you in understanding your rights as a crime victim, determining what expenses may be eligible for compensation, and assessing what other resources are available to assist you.

If you or a loved one has been the victim of violent crime, please take some time to read this brochure and contact our Victim Compensation staff for further assistance.

Cordially,

Martha Coakley
Massachusetts Attorney General

Who Is Eligible?

- Victims of violent crime occurring in Massachusetts
- Dependents and family members of homicide victims
- Any person responsible for the funeral expenses of a homicide victim

WHAT ARE THE REQUIREMENTS?

- The crime must have been reported to police within five days unless there is good cause for delay.
- You must cooperate with law enforcement officials in the investigation and prosecution of the crime unless there is a reasonable excuse not to cooperate.
- You must apply for compensation within three years of the crime.
 Victims under the age of 18 at the time of the crime may apply until age 21, or later in certain limited circumstances.

WHICH EXPENSES ARE COVERED?

To the extent insurance or other funds do not cover your crime-related expenses, you may be reimbursed for:

- Medical and dental expenses (including equipment, supplies and medications)
- Counseling expenses (for victims, for family members of homicide victims, and for children who witness violence against a family member)
- Funeral/burial costs up to \$4,000
- Lost wages (for victims only)
- Loss of financial support (for dependents of homicide victims)
- Homemaker expenses

Expenses not covered: property losses, compensation for pain and suffering, and all other losses.

How Do I Apply?

- Complete the application and return it to the Victim Compensation and Assistance Division for verification. In general, you will receive a decision four to six months later.
- Your claim can be reopened for future expenses.

VC#

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Application for Crime Victim Compensation

Please print legibly and fill out both sides.

I. VICTIM INFORMATION

Victim's name:		Female: Male:		
First Middle Inits	ial Last			
Mailing address:	Home phone: ()			
City/State:	e: Zip:			
Email address:				
Date of birth: / / / Month Day Year	Age at time of incident:	SSN:		
II. Applicant Information If victim i	s applicant, write "same " If under 18. as	oplication must be completed by parent/guardian.		
Applicant's name:				
First Middle Initia	ial Last			
Mailing address:		Home phone: ()		
City/State:	Zip:	Cell phone: ()		
Email address:				
Date of birth: / / / Month Day Year	Relationship to victim:	SSN:		
If filing on behalf of minor dependant(s) of	homicide victim, relationship to mine	or dependant(s):		
III. Crime Information Type of crime.				
☐ Armed robbery ☐ Arson	Assault	Child physical or sexual assault		
Domestic violence Drunk driv	_	Homicide		
☐ Kidnapping ☐ Sexual assa		Other:		
	C			
Exact location of crime:	·			
Date of crime: / / / Month Day Year	Date crime was reported:/	Day Year		
		e explain why in an attached statement.		
Name of police department:	Investigati	ing officer:		
Name(s) of person(s) who committed crime	e (if known):			
If you have been assisted by a victim advoca				
attorney's office, provide the name and telep				
Briefly describe the crime and any injuries w	which resulted:			
IV. Expenses Check types of expenses for u				
☐ Medical services*	Lost wages (for victim only)	Counseling for victim*		
Medical supplies/pharmacy*Dental services*	Loss of financial support (for dependants of homicide victims)	Counseling for family members of homicide victim*		
☐ Replacement homemaker services*	Counseling for children who witness violence against a family member*			
*Attach copies of bills and/or receipts.				
†Name of funeral home:				
Address:		Phone: ()		

V. Lost Income Comple	lete if seeking lost 1	vages or le	oss of support.					
Victim's employer:			Contact	t pers	on:			
Mailing address:	address: Phone: ())	
City/State:			Zip:					
If victim has or will return	to work, estimate	ed period	of disability:					
If requesting financial supp	oort for dependan	t(s) of a h	nomicide victim, j	provi	de the followin	g informa	ation:	
Name(s) of depend	dant(s)	Date of birth			SSN	Relationship to victim		
		/	/					
		/	/		·			
		/	/					
					·			
VI. Other Sources of	f Financial As	SISTANC!	E Check all poten	tial sc	ources of full or	partial pa	yment of expenses.	
Health insurance		Host	oital-based "free ca	are"	☐ Workers' compensation			
Life/accident insurar		•	mployment benefi		Restitution			
Automobile insuran			bility benefits					
Other (specify):			•		14 1: :1 CCDI)			
Name of applicable insurar	nce companies:							
Address:			Phone: ()_		Policy No.:			
Have you file or do you int	end to file a civil	lawsuit?	Yes:	No:	No	ot sure: _		
If yes, attorney's name:					Ph	none: ()	
Address:			City/State:				Zip:	
VII. Optional Inform	IATION For statis	tical purp	poses only					
Race/ethnicity of victim:		White/Caucasian Hispanic Black/African- Asian/Pacific-			☐ Native A	merican	erican I decline to answer this question	
race, elimieity of victim.	_				Other	merican		
	American		Islander					
Who referrred you to Victi	m Compensation	.?						
	Acknoy	WLEDGE	ment and Info	RMA	TION RELEAS	Е		
ī . 1 1 d .							St. 1	
funds I receive from a Commonwealth for a	ny source for losses	for which						
	•		•	health	n provider, insur	ance comp	any, employer, person	
or agency, including s	tate and federal age	ncies, to g	give information to	the V	ictim Compensa	ition and A	Assistance Division. I	
understand that the in the use or release of th								
release is as valid as th M.G.L. c. 258C and 9	ne original. This at							
I certify, under the application is true and					and supporting d	locumenta	tion contained in this	
			_		Date:			
Applicant signature: _ Parent or guare	dian if victim is a n	ninor.						